

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-022544

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317  
FILED MAY 27 1963

Primary Registration District No.

547

Registrar's No.

1617

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Richmond Heights</b>		c. CITY OR TOWN <b>Richmond Heights</b>	
Length of stay in 1b <b>15 Years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>County Hospital D.O.A.</b>		d. STREET ADDRESS (If outside, give location) <b>7717 Lovella Ave.</b>	
3. NAME OF DECEASED (Type or print). First <b>ANGELO</b> Middle <b>DI PIETRO</b> Last <b>DI PIETRO</b>		4. DATE OF DEATH Month <b>May</b> Day <b>17</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-4-1886</b>
9. AGE (last birthday) <b>76</b>		10. IF UNDER 1 YEAR Months <b>9</b> Days <b>13</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, was if retired) <b>Retired Cement Finisher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cement Finisher</b>	
11. BIRTHPLACE (City and state or country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Katherine Di Pietro</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>	
16. SOCIAL SECURITY NO. <b>0</b>		17. INFORMANT <b>Mrs. J. Driscoll 5621 Rhodes Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. - DUE TO (b) <b>Cardiovascular Disease</b> - DUE TO (c) <b>Old Age</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>7</b> a.m. <b>7</b> p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>		COUNTY <b>St. Louis</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>July 18 1963</b> and last saw her alive on <b>July 18 1963</b> Death occurred at <b>St. Louis</b> on the date stated above and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>J. P. Bocklage</b>	
22b. ADDRESS <b>6536 Clayton Rd.</b>		22c. DATE SIGNED <b>May 18 1963</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 20, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mount Olive Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Cty. Mo.</b>	
24. FUNERAL DIRECTOR <b>A. H. Bocklage</b>		25. DATE RECD. BY LOCAL REG. <b>5-19-63</b>	
26. REGISTRAR'S SIGNATURE <b>J. E. Murphy</b>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Not Embalmed*  
*A. H. Booke*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.